

## **CONSUMER CONCERN FORM**

1.	Name of Individual Filing Concern:	Name of Individual Filing Concern:				
2.	If Filing on Behalf of a Consumer, Name of Consumer:					
3.	3. Relationship to Consumer:	Relationship to Consumer:				
4.	Location where Incident occurred, if known:					
5.	Date & Time of Incident:					
6.	6. Names of Individuals involved, if known: 7. Nam	7. Name of staff involved, if known:				
8.	8. Nature of Concern (check all that apply):					
	□ Accessibility/Reasonable □   Accommodations □   □ Access to Medical Records □   □ Treatment Provided	Confidentiality Customer Relations Other (please explain below)				
9.	Please provide a detailed explanation of the circumstances and events surrounding you Concern to assist us in our investigation (attach additional sheets if necessary):					
10	Please allow thirty (30) days for the Company to complete their investigation after which a response will be provided by the preferred method of communication you choose below:					
	☐ By phone at: ()					
	☐ By email at:					
	☐ By U.S. Mail to the following address:					
	☐ Special instructions for contact (please list):					
	■ Do not contact me.					



	11. Person filing Concern:			
	Signature	Print N		Date Date
	12. Staff Member Receiving Concern:			
	Signature	Print Na	ате	Date
	FOR O	FFICE (	JSE ON	ILY
	RECEIPT OF CONSUMER CONCERN			INVESTIGATOR
1.	Date received by OCA/Privacy Office:		Investiga	tion assigned to
			3. Name	»:
2.	Received by:		4. Depa	rtment:
			5. Date	report forwarded:
	INITIAL CONSUMER CONTACT	CONSUMER RESOLUTION NOTICE		
6.	Contact Date:		<b>9.</b> Date	Investigation Completed:
7.	Contacted by:			
8.	Method of Contact:		<b>10.</b> Date	Consumer Notified:
	☐ Telephone ☐ Mail ☐ E-mail			<del></del>
	Other:		<b>11.</b> Conta	acted by:
			<b>12.</b> Metho	od of Contact:
				Telephone ☐ Mail ☐ E-mail
				Other:



## **INVESTIGATION SUMMARY**

Document in detail all steps taken and information gathered to resolve the issue. Include dates, times, names and any other relevant information. You may attach documentation.					
CONCLUSION:					
INVESTIGATION COMPLETED E	BY:				
Signature	Print Name	Date			

RETURN TO OFFICE OF CONSUMER AFFAIRS UPON COMPLETION OF INVESTIGATION